Westhertzanon Assistance Program

Work Order (Bid Form)

WORK ORDER INFORMATION

Work Order Name: 14014SO0950Work Order Type: WeatherizationAudit Name: 14014SO0950

CLIENT INFORMATION

Client Name: Address:

Client ID: 14014SO0950 WINCHESTER, TN 37398

Alt. Client ID: FRANKLIN

AGENCY INFORMATION

Agency: SOUTH CENTRAL HUMAN RESOURCE AGENCY Agency Phone: (931) 433-7182

Address: 1437 WINCHESTER HIGHWAY Fax: (931) 438-0074

Company Name & License Number:	
Contractor's Signature:	

<u>COMMENT</u>

Client Name:
Client ID: 14014SO0950
Alt. Client ID: FRANKLIN

Work Order (Bid Form)
Work Order Name: 14014SO0950

Report Run On: 5/14/2010

DOE Weatherization Assistant Version 8.5.0

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Measure 1 General Air Sealing				Components				Inspected	
2. REP	L DUCT WORK / SEAL R AIR DAMAGED BELLYBO DL SEAL ROOF				}				
			Estimated			Actual			
# Material / Labor	Description / Comment	Units	Qty	Unit Cost	Total	Qty	Unit Cost	Total	
1 Miscellaneous Supplies	Infiltration Reduction	Each	1						
2 Labor	LABOR	Hour							
Other Detail									
	Measur	easure Sub Total:			Sub Total:				
Measure 2 REF	PLACEMENT DOOR CE BACK DOOR			Componen				Inspected	
Comment REPLA	CE BACK DOOR	Units	Ofv	Estimated	<u>'</u>	Ofv	Actual		
		<i>Units</i> Each	Qty 1	•		Qty		Inspected	
Comment REPLA # Material / Labor	CE BACK DOOR Description / Comment			Estimated	<u>'</u>	Qty	Actual		
Comment REPLA# Material / Labor1 Doors2 Labor	CE BACK DOOR Description / Comment REPLACEMENT DOOR	Each		Estimated	<u>'</u>	Qty	Actual		
Comment REPLA# Material / Labor1 Doors	CE BACK DOOR Description / Comment REPLACEMENT DOOR	Each		Estimated	<u>'</u>	Qty	Actual		
Comment REPLA# Material / Labor1 Doors2 Labor	CE BACK DOOR Description / Comment REPLACEMENT DOOR	Each		Estimated	<u>'</u>	Qty	Actual		
Comment REPLA# Material / Labor1 Doors2 Labor	CE BACK DOOR Description / Comment REPLACEMENT DOOR	Each Hour	1	Estimated	<u>'</u>		Actual		

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-	Measure 3 Smo	ke Detector is Needed			Componen	ts			Inspected	
C	omment									
		E			Estimated		Actual			
#	Material / Labor	Description / Comment	Units	Qty	Unit Cost	Total	Qty	Unit Cost	Total	
1	Health and Safety Items	Smoke / Carbon detector	Each	1						
2	Labor	Labor	Hour	1						
C	Other Detail									
L] []			
					[] []			
				Measur	e Sub Total:			Sub Total:		
	-	or Barrier Needed ement/Crawlspace)			Componen	ts			Inspected	
				Estimated			Actual			
#	Material / Labor	Description / Comment	Units	Qty	Unit Cost	Total	Qty	Unit Cost	Total	
1	Insulation	Basement / crawlspace vapor barrier	Each	1						
2	Labor	Labor	Hour	1						
C	Other Detail						1			
_				Measure Sub Total:			Sub Total:			
	Field Notes:									
			Work Or	der Gra	nd Total:		Gran	d Total:		

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